MISSOURI DEPARTMENT OF NATURAL RESOURCES GEOLOGICAL SURVEY AND RESOURCE ASSESSMENT DIVISION WELLHEAD PROTECTION SECTION WELL DRILLERS UNIT P.O. BOX 250 ROLLA MO 65402 (573) 368-2165



## CONTRACTOR PERMIT APPLICATION

	FOR OFFICE USE ONLY							
S		nstallation lation Vell Installation	RESTRICTED	NONREST	RICTED		PRICTIONS HP Drilling Only Probationary Test Hole Contractor Only/Also	
	PERMIT NUMBER				CHECK NO.			
	TEST SCORES GEN		TEST DATE		·		TEST ID	
	DATE RECEIVED				DATE ISSUED			

Application must be fully completed in ink or typed.										
APPLICANT NAME (LAST, FIRST, MIDDLE)		TITLE  OWNER SUPERVISOR EMPLOYEE								
BUSINESS NAME		LIST PERMITTEE OR APPLICANT RESPONSIBLE FOR COMPANY INSTALLATIONS								
BUSINESS ADDRESS				BUSINESS TELEPHONE ( )						
CITY	STATE		ZIP	COUNTY						
HOME ADDRESS										
CITY	STATE		ZIP	HOME TELEPHONE						
DATE OF BIRTH	SOCIAL SECUP	RITY NUMBER		PREVIOUS MO PERMIT NUMBER						
Nearest relative - not living with you:		NAME								
ADDRESS			CITY							
STATE	ZIP		TELEPHONE ( )							
COUNTIES WITHIN WHICH THE FIRM OPERATES										
	OR CORING	G IN MINERALS OR GE	OLOGIC DATA	☐ YES DNLY ☐ NO						
I certify that all information provided in this application is true. I understand that misstatements of facts										
may result in the forfeiture of my permit, which is issued in accordance with Chapters 256.600 -										
256.640, RSMo.										
APPLICANT SIGNATURE				DATE						

WATER WELL PERMIT FEE \$100
MONITORING WELL PERMIT FEE \$100
HEAT PUMP PERMIT \$100
PUMP PERMIT \$100

MAIL COMPLETED APPLICATION AND FEES TO:

GROUNDWATER PROTECTION FUND P.O. BOX 250 ROLLA, MO 65402